

TRANSMITTAL FORM

Application Serial Number	10/719,662
Filing Date	November 21, 2003
First Named Inventor	Vadrucci et al.
Group Art Unit	1635
Examiner Name	Schnizer, Richard A.
Attorney Docket No.	58572-002
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form

<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <input type="text"/>]

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copy of IDS

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Change Of Correspondence Address

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85

<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application
<input type="checkbox"/> Petition for Extension of Time

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance

<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

<input type="checkbox"/> Status Inquiry

<input type="checkbox"/> Return Receipt Postcard

<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8

<input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|--|--|

CERTIFICATE OF ELECTRONIC TRANSMISSION

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, are being electronically filed on this 14th day of December, 2007.

/Sandra A. Brockman-Lee/
Sandra A. Brockman-Lee

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

SIGNATURE BLOCK

Respectfully submitted,

Date: December 14, 2007
Reg. No.: 44,045
Tel. No.: (617) 526-9617
Fax No.: (617) 526-9899

/Sandra A. Brockman-Lee/
Sandra A. Brockman-Lee
Attorney for the Applicant(s)
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600